

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014931

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 200Registrar's No. 719

FILED MAY 14 1962

## 1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Springfield

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Burge-Protestant Hosp

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Greenec. CITY  
OR TOWN SpringfieldInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
1112 E. LocustReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

ALVA

Middle

A.

Last

WEBB

4. DATE  
OF DEATH

Month

May

Day

5

Year

1962

5. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
4/15/18929. AGE (last birthday)  
70

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)Greenhouse Employee10b. KIND OF BUSINESS OR INDUSTRY  
Greenhouse11. BIRTHPLACE (City and state or country)  
Iowa12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Leander Webb

13b. MOTHER'S MAIDEN NAME

Melissa

14. NAME OF HUSBAND OR WIFE

Ottie Webb15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)NoNone

16. SOCIAL SECURITY NO.

17. INFORMANT Springfield, Missouri.Ottie Webb, 1112 E. Locust,18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchial PneumoniaINTERVAL BETWEEN  
ONSET AND DEATH48 hrs.Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

Hypertrophy of Prostate1 mo.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-14-62 to 5-5-62 and last saw him alive on 5-5-62  
Death occurred at 10:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL/CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial5/8/1962Greenlawn CemeterySpringfield, Missouri.

24. FUNERAL DIRECTOR

Springfield, Missouri.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Ralph Thieme, 1200 Boonville Ave.5-10-62Effie E. Meelen

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

10397

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard L. Strauser

Licensed Embalmer No. 5164

P. O. Address Apfd, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit received 5-8-65